

Governor's Commission for a Drug Free Indiana

A Division of the



Comprehensive Community Plan

County: Greene

LCC: Greene County Substance Abuse Task Force

Date: November 2006



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County Commissioners:

Kathleen Crouch, Bart Beard, Larry Hasler

Address: PO Box 229

City: Bloomfield, IN

Zip Code: 47424

Plan Summary

Mission Statement: The Local Coordinating Council of the Greene County Substance Abuse Task Force shall develop, coordinate, and promote local efforts to prevent the use or reduce the effects of alcohol, tobacco and other drugs among the citizens of Greene County.

History: Greene County lies in southwestern Indiana, approximately 90 miles from the center of the state. Being the third largest county in the state, it has 541.7 square miles in land area with a population of 33,157, 13,372 households, and 9,360 families (2000 US Census). Average household size is 2.44 and average family size is 2.92. 31.7% of households have children under the age of 18 living with them.

Population density as of 2000 is 24 km (61/mi). Racial makeup of the county according to the 2000 census is 98.59% Caucasian, .08% black/African American, .31% Native American, .22% Asian, .02% Pacific Islander, .17% other races, .61% from two or more races, and .81% of the population were Hispanic or Latino of any race. In the last 3 decades of the 1900s the population has grown.

The median income for a household in the county is \$33,998. Per capita income for the county is \$16,834. About 8.40% of families and 11% of the population are below the poverty line, including 14.30% of those under age 18 and 9.5% of those age 65 or older.

The Greene County Substance Abuse Task Force held its first meeting September 19, 1990. During that meeting the mission of the Governor's Commission for a Drug-Free Indiana was described to those present as was the purpose for forming a local coordinating council. Alcohol, tobacco, and other drug use and abuse in Greene County were discussed, with input obtained from those present. Monthly meetings have been held regularly since then.

Eventually the first Greene County comprehensive plan was submitted. In March 1994 the first set of elected officers was seated. New planning processes were implemented along with the promotion of mini-grants for education, law enforcement and treatment initiatives. The LCC interviews all mini grant applicants and requires all recipients submit an evaluation at the end of their grant performance periods, attend LCC meetings, and participate in at least one LCC related event per grant cycle.

For 6 years LCC sponsored Drug Free in Greene County as a kick off for Red Ribbon Week. The past 3 years LCC has actively collaborated with other county organizations to incorporate drug awareness in community events (Apple Festival, meth forums and outreach efforts, Wellness events, Kids Fair, and others). LCC has also been involved in the development of Greene County Alcohol and Drug Counseling Program through mini grant funding.

Greene County LCC has always consisted of volunteer committee members, led by volunteer officers, including the chairperson. There are no paid staff.

Summary of the Comprehensive Community Plan: This plan was developed in 2006 out of the members feelings about the direction of the Task Force. Based on our Grants given out in the past, we tried to include areas of particular concern in our community.

Membership List

County LCC Name: Greene County Substance Abuse Task Force

Name	Organization	Race	Gender	Category
Anderson, Dia	Eastern-Greene School	Caucasian	F	education & parent
Byers, Carol	Greene Co. Boys & Girs Club/Youth Service Bureau	Caucasian	F	youth/prevention & Parent
Cohen, Terry	ICJI	Caucasian	M	consultant, criminal justice
Cummings, Nancy	Greene Co. Tobacco Prevention & Cessation	Caucasian	F	tobacco
Harris, Rebecca	White River Valley School	Caucasian	F	education
Holt, David	Greene County Court Judge	Caucasian	M	judiciary
Sellers, Ed	Hamilton Center	Caucasian	M	mental health
Langer, Dianne	Family Life Center	Caucasian	F	religion/social services
Ochoa, Elizabeth	Greene Co. Alcohol & Drug	Caucasian	F	treatment
Sanders, JeanAnne	Greene Co. Probation	Caucasian	F	probation
Sparks, Ron	Lyons Town Police	Caucasian	M	law enforcement
Tharp, Kenny	Bloomfield Police Dept.	Caucasian	M	law enforcement
Turpin, Christa	Middle Way House	Caucasian	F	spouse abuse/parent
Blanton, Bridget	Superior Court	Caucasian	F	judiciary/fire department
Schneider, Nick	The Daily World	Caucasian	M	Media
Hildenbrand, Regina	Hamilton Center	Caucasian	F	Mental health

Problem Identification

Problem Statement #1: Youth in Greene County are in need of treatment/education/prevention services for substance abuse related issues.

Supportive Data:

- Hamilton Center reported 50 AIOP Treatment in 2005 but in 2006 to date (August) there are 25 in AIOP
- In 2005 out of 139 juveniles on probation, 43 were alcohol and drug related. In 2006 to date (Aug), 45 of 95 total are alcohol and drug related
- In 2004-05 school year at one county school, there were 2 drug and 7 tobacco violation that resulted in a suspensions/expulsion. In the 2005-06 school year at the same school, there were 3 drug and 13 tobacco violations that resulted in suspensions/expulsion.
- State wide data shows the percentage of students who reported on the IPRC surveys who spent more than 30 days after school without adult supervision, grade 8- 39.8%, grade 10- 54.1%, grade 12- 57.6%
- Local schools were reluctant or refused to take the IPRC Surveys
- In 2005 there were 309 members of the Boys & Girls Club, in 2006 to date, there are 280

Year 1 Update:

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Year 2 Update:

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Final Update:

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Objectives:

- **Increase the number of service provision programs participating in LCC from 3 to 5.**
- **Continue to provide 20% of total funding for juvenile treatment services.**

- Support the development of at least 1 program geared toward juveniles expelled from school for ATOD reasons.
- Support schools and organizations' efforts for education/prevention activities

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Year 2 Update:

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Goals:

- The number of students with suspension/expulsions will decrease by 5% in the 2007-2008 school year after programs have been initiated.
- The number of students on receiving treatment/prevention/education for ATOD issues will increase by 5% in the 2008.

Year 1 Annual Benchmarks:

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Year 2 Annual Benchmarks:

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Problem Statement #2: Greene County has a severe drug and alcohol problem.

Supportive Data:

- 80% of CHINS cases are because of meth related issues.
- 6.1 % of students in grades 6-12 in the southwest Indiana youth report monthly meth use.
- From Jan.-Dec. 2005 there were 69 inmates in Greene County Jail for meth related violations.
- As of June 2006 there were 9 inmates for meth violations in the Greene County Jail.
- From 2002-2005 there were 115 reported meth lab sites in Greene County
- In 2005, at Hamilton Center, 25% of IOP participants were meth related. In 2006, Jan.-Aug., 35% are meth related.
- Regional monthly alcohol use reported in the following grades – 8th grade- 21.1%, 10th grade- 38.6%, 12th grade- 47.4%
- Regional monthly Marijuana use reported in the following grades- 8th grade – 4.1%, 10th grade- 9%, 12th grade – 14.5%
- In 2005, the following number of people were referred for probation in Greene County: 123 for Drug & Alcohol (10.25 per month), 101 for DUI offences (8.42 per month)
- In 2006 from Jan. to June, the following number of people were referred for probation in Greene County: 55 for Drug & Alcohol (9.17 per month), 46 for DUI offences (7.67 per month)

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Objectives:

- **Continue to support awareness and prevention activities on ATOD issues through collaboration with Greene United Against Meth (GUAM), the Greene County Tobacco Coalition, local schools and other youth agencies.**
- **Support law enforcement equipment and training as it relates to ATOD issues.**
- **Continue to support assessment and treatment facilities.**
- **Promote increased participation of law enforcement agencies with the LCC.**
- **Promote the provision of public awareness/prevention activities addressing ATOD issues.**
- **Continue to support the provision of intervention programs provided to substance abuse offenders.**
- **Continue to promote participation with LCC activities by all treatment providers in Green County.**

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Goals:

- **The number of adults and juveniles charged with drug and alcohol offences will decrease.**
- **Individuals referred for alcohol and drug treatment or evaluation will increase.**
- **The number of people in treatment for alcohol and drug issues will increase.**

Problem Statement #3: Greene County has a severe tobacco problem.

Supportive Data:

- Hospital in Greene County does not have a tobacco free campus- it is one of only three in the Southwest ITPC region that is not smoke-free
- One out of 6 schools in the county is a 100% tobacco free campus
- Monthly smokeless tobacco use reported in the following grades: 8th grade- 2.2%, 10th grade- 10.2%, 12th grade- 29.7%
- Monthly cigarette use reported in the following grade: 8th grade- 6.4%, 10th grade- 20.6%, 12th grade- 29.7%
- Monthly cigar use reported in the following grades: 8th grade- 3.7%, 10th grade- 12.5%, 12th grade- 15.5%
- Greene County bought approximately \$5,880 in tax revenue for cigarette sales in 2000. At \$.16 per pack, that means Greene Co. alone sold 36,750 packs of cigarettes.
- Smoking related medical costs were approximately \$6,254 for Greene County in 1993.

- In 1990-1994 there were approximately 6 deaths directly related to tobacco use in Greene County.
- Pregnant women smoking rates Indiana at the 4th highest smoking rates among women during pregnancy, greater than 20%. Indiana's rate is nearly two times the national average of 12%.
- The rate of pregnant women who smoke during pregnancy in Greene County is 25.4%
- Indiana ranks 2nd of the 50 states in adult smoking.
- In 2005, 23 children under the age of 18 were referred to the TEG class. (2 youth TEG classes offered)
- In 2006, 22 children under the age of 18 were referred to the TEG class. (3 youth TEG classes offered)
- In 2005, 2 adult cessation classes were held.
- In 2006, 3 adult cessation classes were held.
- In 2006, one day was designated at Tobacco Awareness Day (Tobacco Free Day was requested and denied)

Year 1 Annual Benchmarks:

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Year 2 Annual Benchmarks:

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Final Report:

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Objectives:

- **Collaborate with the GCTPC to increase cessation opportunities/classes for youth, pregnant women, and the general public from 3 to 5.**
- **Support GCTPC in laying groundwork for tobacco/smoke free ordinances through petitions and publicity.**
- **Assist GCTPC in efforts to increase number of 100% tobacco free schools from 1 to 2**
- **Collaborate with GCTPC to promote smoke-free worksites, restaurants, and businesses.**
- **Assist with coordination of tobacco-free projects.**

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Final Update:

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Goals:

- **Tobacco use among Pregnant Greene County citizens will decrease by 2.5%.**
- **Tobacco use in Greene County will decrease.**

Year 1 Annual Benchmarks:

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Year 2 Annual Benchmarks:

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Final Report:

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Please attach the County's Fiscal Report for review!

Next Annual Update Due: September 2007

Next Comprehensive Community Plan Due: September, 2008

Date of Community Consultant Review: December 20, 2006

Disclaimer:

You agree that the information provided within this Plan is subject to the following Terms and Conditions. These Terms and Conditions may be modified at any time and from time to time; the date of the most recent changes or revisions will be established by the Commission and sent electronically to all Local Coordinating Councils.

Terms and Conditions:

The information and data provided is presented as factual and accurate. I hereby acknowledge that I can be asked to submit proper documentation regarding the data submitted within the Plan. Failure to do so could result in a "denied approval" by the Commission under IC 5-2-6-16.

The Local Drug Free Communities Fund must be spent according to the goals identified within the plan. I hereby acknowledge that I can be asked to submit proper documentation regarding funds that are collected, allocated, and disbursed within the county. Failure to do so could result in a "denied approval" by the Commission under IC 5-2-6-16.

Initials: RLH